

# CareFirst BlueCross Blue Shield Patient Centered Medical Home Program

## *Summary of the 2013 Annual Report*

March 2016

### Overview

This summary highlights key information from the CareFirst BlueCross BlueShield (CareFirst) annual report of its Patient Centered Medical Home (PCMH) Program for the 2013 program year. The report as submitted to the Maryland Health Care Commission (MHCC or Commission), includes PCMH program operations, provider engagement, patient engagement, practice shared savings, as well as utilization and quality data. Section 15-1802 of the Maryland Insurance Article, enacted on April 13, 2010, authorizes the MHCC to approve single carrier PCMH programs in the State. The law allows PCMH programs approved by MHCC to:

- Pay PCMH providers for services associated with coordination of covered medical services for qualifying patients;
- Pay PCMH providers a bonus, fee based incentive, bundled fees, or other incentive approved by MHCC; and
- Share medical information about qualifying patients who elect to participate in the PCMH with other treating providers.

On September 16, 2010, MHCC approved a single carrier PCMH application (application) submitted by CareFirst. The application is comprised of 14 required criteria<sup>1</sup>, one of which requires CareFirst to provide an annual report as follows:

*The Carrier agrees to provide an Annual Report to the Commission in the form and manner required by the Commission as a condition for continuing approval of the program. The report will include the average savings per practice, the number of practices that earned rewards, average reward payment, the total savings per practice that are retained by the carrier, and quality scores achieved by practices in the pilot.*

### Key Findings from the 2013 Annual Report

#### *Program Operations and Provider Engagement*

The table below displays the number of patients, practices and primary-care providers (PCPs), which can include physicians and nurse practitioners, who participated in the CareFirst PCMH program during 2013.

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<sup>1</sup> The single carrier PCMH application can be found at [http://mhcc.maryland.gov/pcmh/documents/PCMH\\_criteria\\_for\\_Commission\\_Approval.pdf](http://mhcc.maryland.gov/pcmh/documents/PCMH_criteria_for_Commission_Approval.pdf).

**Table 1**

Count	Item	Result
1	Number of Panels with 3,000-4,999 patients	115
2	Number of Panels with 2,000-2,999 patients	64
3	Number of Panels with 1,000-1,999 patients	81
4	Number of Panels with less than 1,000 patients	40
5	Number of PCPs in All Panels	3,524
6	Number of Non-PCPs in All Panels	523
7	Number of Patients Attributed to All Panels	1,059,427
8	Number of Panels	160
9	Average Number of Patients Per Panel	2,747
10	Range of Patients Per Panel	326 to 10,560
11	Average Number of Practices Per Panel	6
12	Range of Practices Per Panel	2 to 14
13	Average Number of Providers Per Panel	9
14	Range of Providers Per Panel	4 to 16

### *Patient Engagement*

The table below highlights CareFirst Care Management Program designed to provide assistance and engage patients during transitions of care, home-based services, medication management and chronic-care coordination.

**Table 2**

Count	Item	Result
1	Care Managers/Care Coordinators Employed by Participating Panels	154
2	Number of Care Plans Generated	5,055
3	Number of Patients Engaged in PCMH Care Management Program	5,469
5	Number of Patients Refused Consent	889

### *Practice Shared Savings*

The table below summarizes the shared savings results for 2013.

**Table 3**

Count	Item	Result
1	Number of Panels that Earned a Reward	205
2	Number of PCPs that Received a Reward	2,962
3	Average Reward Payment Per Panel	36.0% fee increase above schedule
4	Average Reward Per Physician	36.0% fee increase above schedule
5	Percent of Panels that Earned a Reward	69%
6	PCMH PCP Earning Average Award/Increase Revenue	\$25,000 to \$30,000

### *Utilization and Quality Data*

The table below illustrates changes in health care utilization during 2013 for patients participating in CareFirst PCMH program.

**Table 4**

Count	Category	(%)
1	Decrease in Hospital Inpatient Days	-11.1
2	Decrease in Hospital Admissions	-6.4
3	Decrease in Hospital Readmissions (All Cause)	-8.1
4	Decrease in Outpatient Health Facility Visits	-11.3

The table below summarizes 2013 Provider Quality Scorecards for practices participating in the CareFirst PCMH program. A Provider Quality Scorecard illustrates practice results in the following six quality categories: hospital admissions; emergency room use; ambulatory, diagnostic, imaging, and antibiotics use; chronic care management; population health; access; and structure. An overall composite score is calculated for each PCMH practice for each performance year.

**Table 5**

Quality Category	Points	Metrics	All Panels (points earned)	No Reward Earned (points earned)	Earned Reward (points earned)
PCP Engagement	30	PCP Engagement	11.5	12.0	11.0

Quality Category	Points	Metrics	All Panels (points earned)	No Reward Earned (points earned)	Earned Reward (points earned)
<b>Admits</b>	4	Preventable Admissions (AHRQ)	4.0	4.0	4.0
	4	Potentially Preventable Readmissions	1.4	1.5	1.2
<b>ER</b>	4	Potentially Preventable Emergency Room Use	3.8	3.8	3.8
<b>Ambulatory, Diagnostic, Imaging, and Antibiotics</b>		Colonoscopy	60.4	63.3	53.9
		CT Scans	32.0	32.6	31.1
		MRI	68.1	69.1	66.2
		Patients with Low Back Pain	71.2	79.6	10.6
		Patients with Viral Upper Respiratory Infections	79.6	79.0	80.5
		Parents with Pharyngitis	86.2	84.5	89.3
	8	Ambulatory, Diagnostic, Imaging, and Antibiotics	5.0	5.0	5.2
<b>Chronic Care Management</b>		Diabetes	61.5	61.6	61.2
		Asthma	92.3	91.8	93.1
		Coronary Artery Disease (CAD) - Low-density lipoprotein LDL Lowering Drug	51.1	51.6	49.5
		CAD - Lipid Test	73.1	72.3	75.1
		CAD - acute myocardial infarction (AMI) Persistence of Beta-Blocker Treatment	86.8	85.8	87.8
		CAD - Beta Blocker Therapy in Persons with Previous myocardial infarction (MI)	71.6	71.7	71.0
		Major Depressive Disorder	58.3	58.8	57.3
	10	Chronic Care Maintenance Composite	5.3	5.1	5.4
<b>Population Health</b>		Colon Care Screening	52.4	51.7	53.5
<b>Population Health Access</b>		Chlamydia Screening	42.8	42.1	44.3
		Cervical Cancer Screening	71.6	70.5	72.7
		Breast Cancer Screening	70.8	70.3	71.5
		Childhood Immunizations	66.7	65.3	68
	10	Population Health Composite	6.1	5.9	6.2
	4	Schedule Appointments Online	1.4	1.4	1.3

Quality Category	Points	Metrics	All Panels (points earned)	No Reward Earned (points earned)	Earned Reward (points earned)
<b>Access Structure</b>	4	Conduct Unified Communication Visits/Telemedicine	0.2	0.2	0.2
	4	Office Hours (before 9 a.m. and after 5 p.m. on weeknights)	3.1	3.0	3.1
	4	Office Hours (on weekends)	2.0	1.9	2.1
	4	Overall Patient Experience	3.7	3.7	3.8
	2	Use of E-prescribing	1.7	1.7	1.6
<b>Structure Overall Practice Score</b>	2	Use of Electronic Medical Record (EMR)	1.6	1.6	1.5
	2	Meaningful Use of EMR	1.3	1.3	1.2
	2	Use of E-mail	1.2	1.2	1.2
	2	External Certification	0.3	0.3	0.3
	<b>70</b>	<b>Overall Score</b>	<b>41.8</b>	<b>41.5</b>	<b>42.0</b>

## Summary

CareFirst informs their PCMH program is designed to keep high-risk patients with multiple health conditions healthier while financially rewarding providers. CareFirst reports health care costs for approximately 1.1 million members participating in its PCMH program were about \$130 million less than projected in 2013; this equates to about 3.2 percent less than the expected cost of care for this population of patients. Insights gained from this innovative care delivery initiative provide a basis for expanding the adoption of the PCMH model.

This information brief (brief) was completed by Melanie Cavaliere, Chief, Innovative Care Delivery, within the Center for Health Information Technology & Innovative Care Delivery under the direction of the Center Director, David Sharp, Ph.D. For information on this brief, please contact Melanie Cavaliere at 410-764-3282 or by email at [melanie.cavaliere@maryland.gov](mailto:melanie.cavaliere@maryland.gov).